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**BOX AF**

AF 61

Serial No.: 10/075,596

**RESPONSE UNDER 37 C.F.R. §1.116**  
**---EXPEDITE PROCEDURE---**  
**GROUP ART UNIT 3653**

-1-

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of

Docket No. FS-00655

**RECEIVED**

Bruce Hanson et al.

SEP 3 1 2004

Serial No.: 10/075,596

Group Art Unit: No. 3653

**GROUP 3600**

Filed: February 15, 2002

Examiner: JONATHAN R. MILLER

For: **FLAT MAIL EDGE BIASING  
MACHINE AND METHOD OF USE**

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT UNDER 37 C.F.R. §1.116**

Sir:

In response to the Office Action dated July 28, 2004, please amend the above-identified application as follows.

Applicants believe that no extensions of time are required at this time. If additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 23-1951.

09/23/2004 VROGERS 00000003 231951 10075596

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

FS-00658

**CLAIMS AS FILED - PART I**

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  | 21              |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 21 minus 20 = * | 1            |
| INDEPENDENT CLAIMS  | 3 minus 3 = *   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 21                             | Minus **                           | Same          |
| Independent   | * 3                              | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    | 18     |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 18     |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE             | ADDI-TIONAL FEE | OR | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9=           |                 | OR | X\$18=           |                 |
| X42=             |                 | OR | X84=             |                 |
| +140=            |                 | OR | +280=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 21                             | Minus **                           | 21 = -        |
| Independent   | * 3                              | Minus ***                          | 3 = 0         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDI-TIONAL FEE | OR | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9=           |                 | OR | X\$18=           | 18              |
| X42=             |                 | OR | X84=             | 18              |
| +140=            |                 | OR | +280=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE | 18              |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 22                             | Minus **                           | 21 = 1        |
| Independent   | * 3                              | Minus ***                          | 3 =           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDI-TIONAL FEE | OR | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9=           |                 | OR | X\$18=           | 18              |
| X42=             |                 | OR | X84=             |                 |
| +140=            |                 | OR | +280=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE | 18              |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.